



APPLICATION FOR CAREER AND TECHNICAL EDUCATION CERTIFICATE/CREDENTIAL/ENDORSEMENT

Department of Career and Technical Education
SFN 5415 (3/05)

State Capitol 15th Floor
600 East Boulevard Ave Dept 270
Bismarck ND 58505-0610
Phone 701-328-3180
Fax 701-328-1255

SECTION ONE

Legal Name	Mailing Address (Street, City, State, Zip Code)	
Former Name, If Applicable	Email Address	
Social Security Number	Work Telephone Number	Home Telephone Number

Are you employed in, or being considered for, a teaching position in an approved Career and Technical Education program?
No Yes (If yes, please list school/institution, program area and administrator's name below)

School/Institution

Program Area

Administrator

Certification is requested for:

Agriculture Education
Business & Office Technology
* Career Development
Diversified Occupations

Family & Consumer Sciences Occupational
Health Careers
Information Technology
Marketing Education

Special Needs
Technology Education
Trade, Industry, Technical Career
Career Cluster

Attach copies of college transcripts, current teaching certificates and/or licenses, or *counseling credential, if applicable.

Check the level(s) of education for which certificate/credential/endorsement is requested: Secondary Postsecondary Adult

SECTION TWO

In what occupation do you have wage earning experience?	How many years of experience do you have in this occupation?
Did this work experience include supervision of other employees? No Yes (Explain, giving dates and number of persons supervised)	
Are you willing to take a competency test pertaining to the subject matter you will teach? No Yes	

EDUCATION – COLLEGE OR UNIVERSITY (Attach Transcripts)

SECTION THREE

Name and Location	Number of Semester Hours	Dates Attended	Degrees Received	Major Subject

TEACHING AND EDUCATIONAL SUPERVISION EXPERIENCE

SECTION FOUR

Name and Location of School/Institution	Date		Teaching or Educational Supervision Experience
	From	To	

REFERENCES

SECTION FIVE

Name	Address	Phone Number	Occupation

WORK EXPERIENCE OTHER THAN TEACHING AND EDUCATIONAL SUPERVISION

Describe employment or occupational history listing the last six years of work history, most recent first.

SECTION SIX

Name and Address of Employer	Dates of Employment		Number of Hours Employed	Job Title
	From Month/Year	To Month/Year		

TRAINING VERIFICATION

Any non-college credited in-services, conferences, workshops and training sessions you have attended in the last five years.

Attach completion certificates and/or signed verification letters for each session listed. Copy form as needed.

SECTION SEVEN

Name of Training Session		Session Provider	
Location of Session	Date Attended	Hours Earned	CEU's Earned
Brief Description of Session			
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Signature of Applicant_____
Date**STATE USE**

Approved

Disapproved

Comments _____

Signature of Supervisor_____
Date